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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	₹	ATTORNEY	OCKET NO.	CONFIRMATION N	0.
10/743,494 12/23/2003		Ho-Seon Rew		0630-1892P		7786		
TITLE OF INVENTION:	VACUUM CLEANER SUCKING #		W CHANNEL	5WITCH 1	FOR B	LOWING	AND	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU		TAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300				042 028\$A4/2001/2	174349
EXAMINER		ART UNIT	CLASS-SUBCLASS	62	FC:1501 1400.0 FC:1504 300.0		DA DA	
SNIDER, THERESA T 1744		1744	015-330000	03	FC:8001	12.00		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TO PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTE.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  HE PATENT (print or type)  lata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.					
(A) NAME OF ASSIG			(B) RESIDENCE: (CIT	Y and STATE OR (	COUNTRY)			•
LG Electro			Seoul, Korea					
Please check the appropria	ite assignee category or	categories (will not be p	rinted on the patent) :	Individual EKC	orporation or	r other private gro	p entity Govern	nment
4a. The following fcc(s) ar  Issue Fec Publication Fee (No	small entity discount p	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).						
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Authorized Signature	James 1.	Elly, 4	·	Date May	y 11, 2	2007		
Typed or printed name	V -	ller, Jr.	<del></del>	Registration )				
This collection of informa an application. Confidenti submitting the completed this form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red	ality is governed by 35 application form to the one for reducing this burginia 22313-1450. DC 3-1450.	U.S.C. 122 and 37 CFR	y depending upon the ind y depending upon the ind he Chief Information Offi COMPLETED FORMS	ividual case. Any co cer, U.S. Patent and TO THIS ADDRES	omments on Trademark S. SEND TO	the amount of tim Office, U.S. Depa D: Commissioner f	gradiering, preparing to continuous require to continuous require to continuous requirements of Patents, P.O. Box	mplete